

Cultural Connection

An Update on Cultural Competency

Volume V, Number 3

Spring 2000

Highlights of the first Multicultural Conference 2000

The First Annual Multicultural Conference 2000 – “Effective Approaches for Working with Multicultural Populations” was held at the Irvine Hyatt Regency on Wednesday March 1, 2000. The conference was attended by over 400 people and was to full capacity. Con-

ference attendees included mental health professionals, consumers, family member, students from various universities as well as non-mental health professionals. The conference commenced with morning remarks by Doug Barton –

Deputy Agency Director for Behavioral Health Services, Susan Mandel – CEO Pacific Clinics, Supervisor Cynthia Coad, and Rachel Guerrero – State Department of Mental Health Office of Multicultural Services. The morning program included two plenary speakers Michael Smith and Alex

Kopelowicz who spoke about “Ethnopsychopharmacology” and “Biobehavioral treatment of & Rehabilitation: The Mediating Role of Culture”, respectively. After a wonderful lunch that featured live Mariachis, attendees proceeded to an afternoon workshop. The afternoon workshops included topics dealing with

Asian gangs, Machismo, Curanderismo, psychological assessment, working with the Vietnamese community, and a NAMI panel presentation.

With the exception of dealing with a larger than expected crowd, the conference was a huge success based on the number of attendees and the overwhelming positive responses. March 1, 2000 marked a special day,

as this was the first conference of its kind for the County of Orange. The event was a result of a partnership between the County of Orange Behavioral Health Services and Pacific Clinics. The opening remarks by the aforementioned special guests set the tone

for the conference and the future for work with multicultural issues. We hope to build on the success of this conference by providing an even more inclusive conference agenda next year. **For those of you who missed the conference, the conference will be available on audio tape for purchase or check out from the Cultural Competency library.** A special thanks to all who participated and we hope to see you next year!

The Older Adult Experience

Submitted by Mark Odom, LCSW, Interim Service Chief II, Older Adult Services
HCA Behavioral Health Services

Orange County's senior citizens vary greatly in cultural background, educational level, economic status and chronological age. The span of senior citizenship can cross 40 or more years depending upon ones' point of view. Does a person become old when they reach a preset arbitrary age? Or is old an issue of functionality? Or is old simply older than oneself? Whatever old is to you, our work with “older adults” needs to be sensitive to their issues backed by knowledge and skill with insight into our own misperceptions of aging.

Older adults are the fastest growing segment of Orange County's population. 50%

Continued on Page 5



Doug Barton speaks before more than ~ 400 attendees at the first annual multi-cultural conference.

Inside This Issue . . .

Remembrances	2
That's Not What I Meant	3
Cultural Competency and Multi-Ethnic Services Library	4
Senior Series, Part I—FAQ About the Aging	4
The Older Adult Experience	5
Calendar of Events	6

Remembrances TỬNG NHỚ

As we approach the 100 day anniversary of the passing of our beloved colleague and friend, Dr. Nguyen Kien Ngoc, we want to share with those who may not have had the privilege of knowing him, a few brief stories that we think illustrate some of Dr. Ngoc's many endearing qualities. We think that via these glimpses of his character the reader will come to know Dr. Ngoc not through his major academic and professional accomplishments, of which there are many, but rather, through little reflections of his heart and soul.

We came to love and honor Dr. Ngoc by his many tender qualities. As his Vietnamese colleagues in the Pacific Asian unit for six years, we appreciate this opportunity to share our remembrances with you.

Dr. Ngoc was well known for his generosity and for always thinking of others. As the elder staff member, we saw him as a father figure. One day he brought in breakfast sandwiches for his co-workers—"Gala French sandwiches." He loved life's simple pleasures, and finding the tastiest, yet simple treats was a passion for Dr. Ngoc. But his greatest joy was when he could share those pleasures with his co-workers. He was so pleased to see we liked his sandwiches. But when he discovered that a few of us, dutifully trying to manage our cholesterol, or our waistlines, had stealthily extracted the fatty pork meat content, he quickly remarked, "hey, don't be silly, the fatty pork is what gives it all of its flavor, that's what makes it so good." Unconvinced that he could make any converts, he merrily ate the pork himself, never wanting to miss an opportunity to celebrate life.

On another day in the office, Dr. Ngoc took the time and effort on his day off to brave the chilly rain and driving Santa Ana winds to again, grace us with his latest creation. For the reader who has tried Vietnamese restaurants, you know how wonderful our cuisine can be. But admittedly, some of the lesser-known delicacies enjoyed by the Vietnamese are, for others, an acquired taste, and this might have been true this day. But to us, his office family, it was so touching to see that Dr. Ngoc himself had cooked up one of

Thật khó khăn khi viết về một người đã nằm xuống, khó khăn vì tiếc nhớ, đau buồn vẫn như vũ bão.

Lễ giỗ 100 ngày của Bác sĩ Nguyễn Kiến Ngọc sắp đến nhóm Pacific Asian Unit nhỏ bé này xin gửi đến người đọc một vài kỷ niệm nhỏ, đơn sơ nhưng đã vẽ lên được nét hiền hòa, thân thương của vị bác sĩ đáng yêu, đáng kính.

Một hôm trời nổi gió Santa Ana, gió mạnh người đi như không vững, mặc dù ngày nghỉ của mình Ông Bác sĩ vẫn không ngại lái xe đến sở: "Này quý vị ăn thử dưa chua tôi làm" "nhất thành thị nhĩ thôn quê đấy". Mà thật đấy, dưa chua Ông Bác sĩ làm ngon không chỗ chê. Khi được khen tài đầu bếp nét mặt Ông Bác sĩ vui và trẻ hẳn ra. Ông Bác sĩ nhanh nhẩu lên tiếng: "Dưa chua của tớ làm là nhất" và Ông nhất định giữ "recipe" cho mình mà thôi.

Lại một hôm Ông đến sở sớm với năm, bảy ổ bánh mì thịt mua ở Gala, gõ cửa từng office một và bảo: "ăn sáng đi, có thực mới vực được đạo". Chúng tôi ngồi chung với Ông Bác sĩ thưởng thức bánh mì thịt nguội và cà-phê Pháp, còn gì bằng! Một số chúng tôi vì hơi nặng ký hoặc cholesterol hơi cao đã lên lấy bột thịt mỡ bỏ ra một bên, Ông Bác sĩ nhìn thấy vội nói to: "thật đại dốt, cái này mới là ngon" và Ông đã lấy phần thịt mỡ ấy bỏ thêm vào ổ bánh mì của mình. Ông đã sống và đã tận hưởng hương vị cuộc sống từ cái

vui lớn đến cái vui nhỏ.

Những ngày cuối đời, Ông Bác sĩ đã yếu hẳn đi, đôi chân đi hình như không vững lắm nhưng khi hỏi thăm đến, người vẫn trả lời: "hơi mệt một chút thôi". Gần cuối đời Ông vẫn muốn giữ hình ảnh mình là một cây thông sừng sững đứng giữa trời.

Ông Bác sĩ yêu quý, chúng tôi thật hân hạnh đã được chọn cùng đi một đoạn đường sáu năm với Ông. Được Ông hướng dẫn, được chia sẻ công việc sở và những buổi ăn trưa với nhiều tiếng cười. Chúng tôi thương quý Ông mãi mãi.

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Continued on Page 7











Cultural Competency and Multi-Ethnic Services Library





By Dana Nguyen, MA, Cultural Competency

The County of Orange Health Care Agency, Behavioral Health has in its Cultural Competency and Multi-Ethnic Services Department a library for all County and County-contract employees to use. We have hundreds of the most popular and up-to-date cultural books, videos, journal and newspaper articles for check out. Cultural Competency tries to obtain best-selling and classic books and videos that will be helpful for all staff working with consumers from diverse backgrounds. The following are examples of the books and videos that we have in our library:







BOOKS:

-  *Behavioral Medicine and Women*
-  *Black Families in Therapy*
-  *Culturally Diverse Children and Adolescents: Assessment, Diagnosis and Treatment*
-  *Gay and Lesbian Mental Health*
-  *Mental Disorders in Older Adults*
-  *Mental Health Care for People Living with or Affected by HIV/AIDS: A Practical Guide*
-  *The Psychology of Gender*
-  *Working with Latino Youth*

VIDEOS:

-  *Arredondo: Specifics of Practice for Counseling With Latinos*
-  *DWS: Guidelines for Counseling Asian-American Clients*
-  *LaFromboise: Counseling and Therapy with Native American Indians*
-  *Parham: Issues in Counseling African-American Clients*

FOLDERS OF NEWSPAPER AND JOURNAL ARTICLES:

-  *Homelessness*
-  *Hinduism*
-  *Pakistan Culture*
-  *Islam: Culture and Beliefs*
-  *Vietnamese Culture*
-  *Older Adults*

If you are interested in checking out our library, you can visit us at 405 W. 5th Street, Suite #400 in Santa Ana. While you are in our library, our staff will assist you in getting the materials you need. You can also go to our website at www.oc.ca.gov/hca/behavioral/cultural.htm. Borrowing materials from our library via the internet is simple. Just browse through the lists of books and videos online, read the abstracts, select the ones you want, and then simply submit the request form. The materials will be ready for you to pick up at your convenience, or if you are an employee of the County, we can pony them to you. You can borrow up to four books at a time for up to two weeks. Videos can be checked out for one week. Please call us at (714) 796-0188 for information regarding our library.

The staff of Cultural Competency and Multi-Ethnic Services would like to thank Kerry Wilson, QMP's Web Content Developer, for assisting us in developing our library website.

Senior Series



FAQ about Aging – Series I

- Q1:** Does everyone become “senile” sooner or later, if he or she lives long enough?
- Q2:** Is the American family the largest contributor for abandoning their older members?
- Q3:** Is depression a serious problem for older people?
- A1:** Not necessarily. Even among those who live to be 80 or older, only 20-25% develop Alzheimer’s disease or some other incurable form of brain disease. “Senility” is a meaningless term, which should be discarded.
- A2:** No. The American family is still the number one caretaker of older Americans. In all, 8 out of 10 men and 6 out of 10 women continually live in family settings.
- A3:** Yes. Depression, loss of self-esteem, loneliness, and anxiety can become more common as older people face factors such as retirement, deaths of relatives and friends, and other such crises, often occurring at the same time. Fortunately, depression is treatable.

"That's Not What I Meant..."

According to Webster's Dictionary, the word "translate" means, "to turn into one's own or another language", "to turn from one set of symbols into another", "to express in more comprehensive terms". Therefore the idea of "translating" forms, brochures and other paper work into different languages appears on the surface to be a simple matter. Add to the equation, the idea of "cultural competency", and the notion becomes even more basic to some. Yet, as many have discovered too late, translation of a document in a culturally competent manner is far from simple- it is a subtle, complex process.

"Pepsi's, "Come Alive with the Pepsi Generation" translated into "Pepsi Brings Your Ancestors Back From the Grave" in Chinese.
"

The following examples (reprinted with permission from Eli Reyna's recent OC Human Relations Commission newsletter) clearly illustrate the hidden dangers of "poor" translations:.

In the 1960's, General Motors introduced the "Nova" car to the Latin American market.

Unfortunately, in Spanish, No va means, "it doesn't go".

The Dairy Associations huge success with the campaign "Got Milk?" prompted them to expand advertising to Mexico. It was brought to their attention that the Spanish translation read, "Are You Lactating?"

Coors put its slogan, "Turn It Loose," into Spanish, where it was read as "Suffer From Diarrhea".

Clairol introduced the "Mist Stick" a curling iron, into Germany, only to find out that "mist" is slang for manure.

Pepsi's, "Come Alive with the Pepsi Generation" translated into "Pepsi Brings Your Ancestors Back From the Grave" in Chinese.

When American Airlines wanted to advertise its new leather first-class seats in the Mexican market, it translated its "Fly in Leather" campaign literally, which came out in Spanish as "Fly Naked".

When Gerber started selling baby food in Africa, they used the same packaging as in the U.S., with the smiling baby on the label. Later they learned that in Africa, companies routinely put pictures on the labels of what's inside, due to literacy levels.

The purpose of translation is to provide consumers of all languages the same basic information. Often times people can get caught up in "word-for-word" translation of items from English to another language, which is near impossible due to the fact that United States English contains words that simply do not exist in other cultures. Similarly, having a translation be "culturally competent", meaning being respectful of

other cultures, may necessitate the deliberate altering of the words in need of translation into a more comprehensive word in the other language.

California Codes require additional things of translations. The languages that the County of Orange is currently identifying as "threshold" languages include Spanish and Vietnamese, in addition to English. "Threshold" refers to a numeric identification on a state-wide county basis, 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, whose primary language is other than English, for whom information and services shall be provided in their primary language. The Dymally-Alatorre Bilingual Services Act of 1973 requires that...

"Every state agency that serves a substantial number of English-speaking people and which provides materials in English explaining services shall also provide the same type of materials in any non-English language spoken by a substantial number of the public served by the agency." It continues to state, "...Every state agency...directly involved in the furnishing of information or the rendering of services to the public whereby contact is made with a substantial number of non-English speaking people, shall employ a sufficient number of qualified bilingual persons in public contact positions to ensure provision of information and services to the public in the language of the non-English-speaking person."

Having a system in place with reputable and certified translators for both written and verbal translations is obviously important. It is not enough to hand a brochure to your secretary who happens to speak Tagalog (Filipino dialect) and assume that it will be translated in a manner that is appropriate for your consumers. Keep in mind that education level and command of the language vary with all of us, and that includes those who translate. More important is delivering information to a consumer in a manner that is respectful to their culture and ensures comprehension of the material in question.



(Continued from p.1)

The Older Adult Experience

of the total population increase in Orange County over the next five years will be adults over 65. With this surge of older adults will come an even greater degree of mental disorders among the elderly. Research scientists estimate a 275% increase in psychiatric disorders in older adults in the next 30 years!

Whether our primary clientele is children and youth, young adults or adults, we either currently deal with older adults as cohorts or will do so in the near future!

Why is this population different from adults in general? One reason is their experience. Older adults in America grew up without "television, penicillin, frozen foods, xerox, contact lenses, Frisbees . . . cigarette smoking was fashionable, grass was mowed, coke was a cold drink and pot was a cooking utensil. Rock music was grandma's lullaby and AIDS were helpers in the principal's office." The effect of the great depression, World War II and the Red Scare impacted their values and perceptions in ways vastly different from what us baby boomers experienced. Older adults who immigrated to the United States have an even greater culture clash with our modern American ways.

Another reason why certain older adults require special consideration is related to their losses. Older adults face losses more frequently and are less inclined to bounce back as quickly or to the same level. These losses can include physical/medical decline or illnesses, loss of esteem and self worth related to change in social or economic status, and loss of friends and family among many others. The consequences of these losses expand like the Richter scale; as an older adult ages, the impact of loss magnifies significantly.

Our older adults have a great diversity of views, opinions, attitudes and experiences, abilities and needs. An employed 68 year old with a diagnosis of bipolar disorder will experience life and struggles very differently than an 88 year old home bound individual with the same diagnosis. Our response needs to be flexible, knowledgeable, and sensitive to our client's differences with in-

sight into our own possible misperceptions of aging.

Three common treatable disorders that are frequently assumed to be aspects of normal aging by are **depression, substance abuse and cognitive problems**. The nature of these conditions—isolation, memory loss, altered state of mind, paranoid ideations—and the stigma associated with them, render older adults incapable of seeking help for these disorders. Without our help and persistence, older adults who suffer these maladies will not seek treatment independently.

Our youth oriented attitudes toward the elderly can also make it very difficult to diagnose and treat these diseases. Frequently we dismiss excessive drinking as "the only pleasure mom as left. Why deprive her of the one thing that makes her happy?" We often associate drinking with fun and forget that alcohol is a depressant, and that drinking excessively contributes to the depression, remorse and shame of the older adult.

"The blues," or depression, is also frequently assumed to be a normal part of aging. We are aware of many of the losses of older adults and believe that depressive symptoms are just something an older adult has to live with. How easy it is to forget that depression in any age group can be successfully treated.

We need to explore the extent of the sadness, poor appetite, and sleeping difficulties. Discussion of "chemical depression" with the older adult can ensue, as well as informing the person that there may be a

Tips for Communicating Effectively with Older Adults:

- When talking with your older client, be aware of certain attitudes about aging and physical decline that may hinder your communication.
- Address your client by his or her last name. Using an older client's first name without permission or calling them "dear" is impersonal and condescending. Using the older person's last name promotes equality.
- Address the person at eye level. Speak clearly, in an unhurried pace, and in low tones. Rapid-fire questioning and quick dispensing of "wise" suggestions can intimidate or confuse older adults.
- Avoid background noise and interruptions. If you believe your client is hearing impaired, don't shout. Shouting distorts language, can be uncomfortable to the listener, convey anger as well as violate the confidential proceedings.
- Be aware of the language you use. Be respectful of the tone, slang as well as professional jargon. Older adults may not be aware of DSMIV terminology or recently coined medical language.
- Check the comprehension of what you have said by asking the client to repeat your ideas in their own words.

Three common treatable disorders that are frequently assumed to be aspects of normal aging by are **depression, substance abuse and cognitive problems**



Cultural Events Calendar

March is National Social Worker's Month

- | | |
|---|---|
| Event March 16, 2000
<i>Saint Patrick's Day Celebration— Irish Music & Dancing</i>
Location: Downtown Anaheim Farmer's Market | 11:30 a.m. —1:30 p.m.

Information: (714) 956-3586 |
| Event March 26, 2000
<i>Orange County Human Relations Awards Banquet</i>
Information: 714-567-7470 - Alexa Hale | 5:00 p.m. —8:00 p.m. |
| Event March 27, 2000
<i>"SPEAK OUT" — A Workshop on Senior Advocacy</i>
Location: Brookhurst Community Center | 10:30 a.m. —12:30 p.m.

Information: (714) 220-0224 |
| Event May 2, 2000
<i>Meeting of the Minds</i>
Location: Disneyland Hotel | Information: (714) 547-7559 |
| Event May 4, 2000
<i>Alternative Treatment for Latinos</i>
Location: Whittier Hilton
Admission: \$40.00 by deadline April 27th | Information: Blanca Gutierrez at
(626) 433-1311 |
| Event May 11, 2000
<i>Celebrate Santa Ana</i>
Location: Artists Village
Admission: Free | Information: (714) 667-2279 or
rcandelario@ci.santa-ana.ca.us |
| Event May 9 —23, 2000
<i>Mediation Certification Training - This Mediation Certification Training will be conducted in Spanish.</i>
Information: 714-567-7470 - Alfonso Clarke or Barbara Hunt | |
| Event May 2000
<i>Building Bridges Awards</i>
Information: OCHRC at 714-567-7470 | |
| Event Year-round Event
<i>Satwiwa Sundays - Experiences of Native Americans</i>
Location: Native American Indian Culture Center, Newbury Park
Admission: Free | 10:00 a.m. —5:00 p.m.

Information: (805) 370-2301 |

SAVE THE DATE

- | | |
|---|---|
| EVENT June 2, 2000
<i>4th Annual Substance Abuse and Aging Workshop</i>
Location: Saddleback Memorial Medical Center | 8 a.m.—5 p.m. (CEU's will be available)

Information: Older Adults Services
(714) 850-8441 |
|---|---|



Remembrances

(Continued from p.2)

our favorites—"dua chua," a dish of fermented mustard greens—and that he had braved the elements to surprise us on this dreary day. No sooner had we begun than he entreated "How was it? Did I cook it well?" The truth is, not many people can make *dua chua* as well as our friend Dr. Ngoc. But of course, the real joy was in seeing how thoughtful he was, how he loved to cook, and how he rejoiced in the moment, sharing with his friends.

Finally, we recount the time that the Pacific Asian Unit was about to be divided in two, with offices in Santa Ana and Westminster. Very few of us really wanted to relocate and start over, least of all Dr. Ngoc. But when he learned that two new doctors wanted to stay, he willingly volunteered to make the move, knowing full well that his seniority would have certainly allowed him to stay. Always the consummate gentleman, Dr. Ngoc quietly did the chivalrous thing, allowing his junior colleagues to have their wish. While none of us were surprised at his decision, we cherish this example and those related above, among our many fond memories that will always remain with us. Dr. Ngoc has been an inspiration, an example, and a beloved friend. We know we are blessed to have had this wonderful opportunity to have spent the last six years of Dr. Ngoc's life sharing with him, getting to know him, and learning from his kind and gentle wisdom. We miss him dearly.

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The Older Adult Experience

(Continued from p.5)

physiological reason and not a characterological defect causing their emotional spiral.

Cognitive impairment is also another frequently excused elder condition. Often we assume that the person is "senile" or demented, "because that is what happens when you get old." Many sources of cognitive impairment can be stopped or even reversed. These include depression, infections, medication effects, substance abuse, dehydration, diabetes, residual effects of anesthesia, endocrine disorders, and subdural hematomas. Strokes, whose consequences are usually difficult if not impossible to reverse, are at least preventable in many cases. Accurate medical histories, medication review and proper physical examination may reveal a cause and bring about a reversal of impaired cognition.

We can have a positive effect on the lives of our older residents. We need to reach out to seniors and not wait for them to find us and we need to do so in a manner that is sensitive to their issues, backed by knowledge and skill with insight into our own misperceptions of aging.

Spotlight on Excellence

Do you work with someone who exemplifies Cultural Competency? Someone who is both sensitive and respectful to persons of all cultures, whether colleague or consumer? If so, the Cultural Competency Department would like to formally acknowledge these individuals.

Please fill out the necessary information and pony it back to us and we'll make sure this employee or consumer gets acknowledged in our next newsletter. Our pony address is 38-P.

Thank you.

Name

Work address/Pony address

Discipline

Why you believe he/she is Culturally Competent:

Example of dedication to Cultural Competency:

Cultural Competency in the Board & Care

By Lucy R. Brimbuela, R.N.
Chapman Guest Village

In the Residential Rehabilitation (Board & Care) setting, we have the pleasure of working with our clients on a constant basis. While our goal is to provide care and rehabilitation, our mission is to provide our residents with a safe and comfortable home. And although the adage goes: "Home is where you hang your hat," we have also been blessed to discover just how many different 'hats' our clients bring us.

Our family is rich with cultural diversity, and in our home we celebrate it. Our program caters toward, not only providing activities tailored to our residents' cultural needs and preferences, but also toward cultivating their natural interests in learning about other cultures. Therefore, it is not unusual to find our cooking class taking a tour of the world's recipes in creating such varied treats such as lumpia (Filipino), pho (Vietnamese), and quesadillas (Mexican). Our current events group, for example, serves as an excellent forum to discuss cultural issues through learning about world events.


We also enjoy celebrating cultural holidays. Most recently, our Lunar New Year celebration was a great success. Our residents enjoyed a feast of Vietnamese delicacies such as Banh Trung, Ginger Candy, and Mung Bean Pudding, and learned how this very special day is celebrated through dancing and singing. As such, they can hardly wait for our St. Patrick's Day and Cinco De Mayo celebrations.

We are thankful to have wonderful community

resources to meet the needs of our residents as well. College Hospital has an excellent Spanish speaking Partial Hospitalization Program for our Latino residents, and the Asian American Senior Citizens Service Center is invaluable in providing our Mandarin speaking residents with resources and activities. A local Bhuddist temple, Chua Bao Quang, has taken our residents under their wing, and visit us weekly, bringing company and goodies to all our residents.

However, we are most especially proud that our program can now better include our Vietnamese clients. Because of our new Vietnamese staff members, we have been able to offer more activities and social interaction with our Vietnamese residents. Activities, group discussions, and socialization in Vietnamese have provided more opportunity for interaction and less isolation. But most importantly, we have greater insight into our clients' needs. We have gained a better understanding for our client's individuality. They have taught us much about themselves.

In our facility, our goal is to provide care with respect and dignity to each client's individuality. We also instill that as guiding principle for our client's interaction with one another. Providing culturally competent programming not only helps us include and enrich the lives of each of our cultural groups, but also gives us all insight, understanding and respect towards each other as individuals. Not only



COUNTY OF ORANGE • HEALTH CARE AGENCY

An Update on Cultural Competency

The Cultural Connection is published quarterly by the Cultural Competency Program of the County of Orange/Health Care Agency. If you would like to contribute an article, or have comments, ideas, or suggestions for newsletter improvement, please write to us at:

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can we provide services meaningful to them, our other residents can receive education as well. Therefore, we do not focus on separate curriculums for each cultural group, but rather a facility program that focuses on diversity. We all benefit from the experience together. After all, variety is the spice of life.

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